

Ambulatory Care Provider Policy Template for Pandemic Influenza Operations

I. Introduction

Role of ambulatory care sites:

The functions of this site will vary depending on the needs of community but will focus on triage, care and support of patients during an influenza pandemic.

II. Leadership, Organization and Structure

1. Policy - Incident Management: To facilitate compatibility and consistency in response, _____ will adopt, as appropriate, components of the National Incident Management System.

The incident command structure for _____ will consist of the following position and responsibilities:

III. Description of Pandemic Response

INSERT LOCAL PANDEMIC PHASE SCENARIOS HERE with added sections for organization specific planning

IV. Emergency Operations

1. Policy – Surge Capacity: In order to maximize the greatest good for the greatest number, _____ will adapt the process of service provision to allow for _____ additional patient appointments per day. This represents ____% higher capacity than normal operations, and is accomplished by adaptations including:
[SEE “HOW TO” GUIDE].

2. Policy – Equipment & Supplies: In order to maximize the care of our current patient population and in the interest of continuity of care during an influenza pandemic, _____ will ensure adequate supplies for patient care.

To maximize the efficient and cost-effective use of supplies, an inventory control, rotation and testing program will be instituted for the following supply cache:

3. Policy – Personal Preparedness: In order to support continuity of operations, _____ encourages staff to develop emergency systems for their homes and families.

[NOTE: see how to's for ideas and considerations in personnel policies]

4. Policy – Emergency Contact Information: To ensure the ability of _____ to provide continuity of operations, an emergency contact telephone tree will be established, updated and tested regularly.

5. Policy – Adaptations to Existing Personnel Policies in Emergency Situations:

[NOTE: Review personnel policies revise as necessary (i.e. compelling staff to work if not ill? Relation to paid sick leave, vacation leave, etc.; child care issues, telecommute policy, etc...)]

6. Policy – Essential Functions: To reduce unnecessary exposure to influenza, _____ has determined that the following functions are not essential during a pandemic.

The following services will not be operational during the course of a pandemic:
[pay for those staff?]

The following services will be performed through a telecommuting arrangement:

Other adaptations:

7. Policy – Redirection of Human Resources: In order to maximize efficiency and service availability to the greatest number of patients, _____ has determined that adaptation of job responsibilities will be necessary. _____ will ensure appropriate and adequate re-training of staff. The following table identifies positions and pandemic specific duties for service delivery.

8. Policy - Record Keeping and Patient Tracking: In accordance with regional planning efforts, _____ will adopt the following patient record keeping during a pandemic.

[TBD]

9. Policy – Adaptation of Patient Care Process/Triage: In accordance with regional planning efforts, _____ has developed the following triage protocol. This protocol represents the need to minimize exposure to influenza and assure appropriate distribution of medical resources through the care community.

10. Policy – Coordination of Service Delivery: In an effort to ensure a coordinated system of delivery in the King County region, _____ will maintain the most up-to-date pandemic information by subscribing to Info X (the Public Health – Seattle & King County Communicable Disease Epidemiology Section’s provider listserv)

[subscription information],

By checking the Public Health – Seattle & King County Pandemic Influenza Website regularly for updates during a pandemic response.

<http://www.metrokc.gov/health/pandemicflu/index.htm>

By checking the fax machine and ensuring appropriate internal distribution, and

If designated, _____ will serve as a sentinel provider providing the Healthcare Coalition with information about patient care demands at its site.

[procedures to be determined]

11. Policy – Adaptation of Clinical Environment: To maximize the following principles, _____ will develop the following patient care zones during a pandemic:

Key Principles

Minimize time spent in waiting zones, provide separate entrance/waiting area, place patients with influenza like illness in separate rooms if possible, remove magazines & toys from waiting area, clean equipment and environmental surfaces in exam/treatment rooms preferably after every patients

12. Policy – Interpretation Service Availability: In anticipation of increased demand on the interpretation service sector, _____ will maintain a list of languages spoken among staff for potential use during the course of a pandemic.

13. Policy - Training & Staff Preparation: To ensure smooth transition during needed office adaptation in response to a pandemic, _____ will provide the following to all staff:

Training:

[changes in staff responsibilities, telecommute technology, etc...]

Fit-testing for N-95 respirators:

14. Policy – Accounts receivable/payable

15. Policy – Patient Records

16. Policy – Patient Follow-up

17. Policy – Disposition of Bodies

Pandemic Influenza Office Operations Guide

V. Introduction

a. *Role of ambulatory care sites:*

The functions of this site will vary depending on the needs of community but will focus on triage, care and support of patients during an influenza pandemic.

VI. Leadership, Organization and Structure

a. *Incident management*

- i. Understanding the Incident Command Systems of Public Health and the Medical Resource Center
- ii. Identify and document any changes to the chain of command on the worksite for emergencies

VII. Hazard Identification and Mitigation

a. *INSERT PANDEMIC PHASE SCENARIOS HERE*

VIII. Emergency Operations

a. *Initial Actions*

i. Equipment and Supplies

1. Inventory

- a. Medical equipment: examination tables, sterilizers, sphygmomanometers, stethoscopes, thermometers, oxygen tanks, pulse oximeters (any office anticipating care for severely ill persons should also consider motor-driven nebulizers & suction machines)
- b. Medical supplies: sheets, gowns, airway supplies (bag-valve-mask, oxygen masks, oxygen tubing, spacing devices for aerosolized medication, catheters), miscellaneous supplies (antiseptics, dressings, bandages, steristrips, gloves, alcohol-based sanitizers, alcohol sponges, gauze sponges, masks),
- c. Emergency drugs: epinephrine, diazepam, albuterol
- d. Office supplies: privacy screens, directional signs for zones, patient identification tags
- e. Communications tools: telephone, fax, cell phone, computer with high speed internet, radio

2. Track

- a. develop form for tracking, who is responsible for this?

3. Order

- a. do you have agreements with suppliers re: surge during a pandemic? Who will be responsible?

4. Maintain

- a. do you have enough staff to receive and distribute supplies as they arrive?

ii. Human Resources

1. Support staff in personal preparedness
 - a. Resources: American Red Cross, PH, CDC, family support systems, neighborhood support systems, identification of child care, etc...
2. Ensure ability to contact and monitor staff well-being (contact lists updated)
 - a. For large organizations, can you dedicate a call in line for staff to report ability to work that can be monitored by a staffing specialist?
 - b. For small organizations, who can monitor and determine appropriate coverage? In the event you do not have adequate coverage, who can call patients to cancel appointments?
3. Review personnel policies revise as necessary (i.e. compelling staff to work if not ill?, child care issues, telecommute policy, etc...)
4. Identify critical positions within the office for service continuity (can anything be done from home?)
5. Identify just-in-time training needs to fill critical roles on-site
6. Receipt of volunteers? TBD, do you have an MOU with other providers? If so, put contact info and activation info here. Do you have intra-organizational site staff sharing mechanism?
7. Develop Pandemic Responsibilities/Job Descriptions
 - a. Staff emergency response roles
 - i. Identification of positions on staff and degree of expertise

Position	Normal Duties	Pandemic Duties
Physician	Assess & Treat Patients	Assess & Treat Patients
Nurse	Assess & Treat Patients	Assess & Treat Patients
Medical Asst		
Receptionist		
Billing		
Office Manager		

- ### iii. Record Keeping and Patient Tracking {note: we should have a systemic approach to this....}

Appendix C

1. do you have enough staff on site to input data into electronic medical records?
2. Can you pre-print checkbox ILI triage forms for filing in charts later?
- iv. Patient Care
 1. Implement triage protocol
 - a. Phone
 - i. Identify normal call routing system and change as necessary
 - ii. Can this be surged?
 - iii. How will you handle calls?
 - b. Email
 - i. Does your site communicate with patients via email?
 - ii. Do you have adequate space in your inbox?
 - iii. Can someone else screen your emails/i.e. triage?
 - c. Walk-in
 - i. Safe environment
 - ii. Directional signage
 - iii. Infection Control supplies (tissues, alcohol based hand sanitizer, masks)
 - iv. Separation of influenza like illness patients and nonILI patients (see also physical environment)
 2. Implement nursing guidelines
 - a. {once clinical care guidelines established, this section should reflect decisions, thresholds and job cards if necessary}
 3. Implement patient care guidelines
 - a. {once clinical care guidelines established, this section should reflect decisions, thresholds and job cards if necessary}
- v. Regional Coordination
 1. Status of region
 - a. Check PH website
<http://www.metrokc.gov/health/pandemicflu/index.htm>
 - b. Check PH incoming faxes
 - c. If designated, establish contact with MRC?
 - i. Procedures to be determined

Appendix C

vi. Clinical Environment

1. Critical Zones, Service Provision & Staffing
- 2.

Zone	Service	Training Required
Registration	Registration of incoming patients	Trained, non-medical
Waiting	Awaiting primary assessment	Medical professionals with trained non-medical workers
Primary Assessment	Vital signs, chest auscultation & assessment	Training non-medical, medical professional (physician, nurse)
Secondary Assessment	On-site lab? Secondary assessment	Trained non-medical workers, physician
Advanced First Aid & Transfer	Service to patients who arrive in distress includes oxygen, suction? While they await transfer to ACF or Emergency room?	Advanced first aid
Education	Education, resources, advice	Trained non-medical workers
Discharge	Follow up or transfer	

b. Physical Space

i. Key Principles

1. minimize time spent in waiting zones
2. provide separate entrance/waiting area
3. place patients with influenza like illness in separate rooms if possible
4. Remove magazines & toys from waiting area
5. Clean equipment and environmental surfaces in exam/treatment rooms preferably after every patients

c. Initial Communications and Notifications

i. Establish contact with PH and maintain method for ongoing updates

1. website, who will check this and update site staff during a pandemic?
2. fax, Are you on the fax list? who will distribute news via fax to site staff?

Appendix C

IX. Training

a. What surge training is needed?

- i. Changes to physical space?
- ii. {see clinical care standards for just-in-time training needs for “trained, non-medical staff”}

X. Recovery

a. Documentation

- i. Accounts receivable/payable
- ii. Patient records
- iii. Patient follow up

Ambulatory Care Provider Strategies in Site Pandemic Influenza Planning

INCIDENT MANAGEMENT

This section to be determined and coordinated with Public Health – EOC and King County Healthcare Coalition, Medical Resource Center. Until such time, however, providers should identify organizational leadership to ensure the following functions:

- Operations – medical providers to see patients

- Logistics – administrative staff to monitor status of office response, supplies, etc...

- Communications – administrative staff to monitor community alerts, facilitate communications with partners, etc...

SURGE CAPACITY

Capacity = appointment slots per day

Methods for Creating Surge Capacity:

☐ Prioritization of Appointment Type.

Prioritize types of appointments into three categories:

- Types of appointments will require continued in-person physician visits during a pandemic.
- Types of appointments could be adapted to a phone consultation during a pandemic.
- Types of appointments could be postponed during the course of pandemic.

Subtract appointment savings from average number of daily appointments. The result is your surge capacity by prioritization of appointments.

Average number of weekly appointments under normal circumstances	
Average number of appointments that could be adapted to phone consultation	–
Average number of postponable appointments	–
Surge capacity by prioritization of appointments (per day)	=

☐ Extension of Hours of Operation.

Identify normal hours of operation during the week and each day. Consider consolidation of “closed” business hours (staff meetings, etc...). Consider staggering lunch/break hours. Consider extending daily hours of operation.

Additional appointments gained from opening during normal “closed” business hours each week	+
Additional appointments gained from staggering breaks each week	+
Additional appointments gained from extending open hours each week	+
Surge capacity by extending hours of operation	=

☐ Physical space capacity.

Identify the spatial capacity for simultaneous patients. Consider the adaptation of space to exam rooms.

Patient exam rooms available during normal operations	
Additional appointments gained from reorganization of office (per week)	+
Surge capacity by reorganizing office	=

Appendix C

TOTAL SURGE CAPACITY:

Total appointments during normal operations	
Surge capacity by prioritization of appointments	+
Surge capacity by extending hours of operation	+
Surge capacity by reorganizing office	+
Total surge capacity above normal operations	= _____

Normal Operations Appointments + Sure Capacity Appointments = Surge Operations

Estimation of surge supply needs.

Calculate the average rate of usage of each supply by appointment slot during normal operations.

Multiply the average rate of usage during normal operations x Surge Operations Appoint Slots for each supply. This result represents the amount of a supply you need for one week operation in surge operations. If the rate of usage per appointment slot is less than a 1:1, use fractions to calculate. (i.e. on average, our office uses 1 oxygen tank per 25 appointment slots. Multiply .04 x surge operations appointment slots)

Item	Number used for each appointment	Surge Operations Appointment Slots	Needed supplies for one week of surge operations
Medical Equipment & Supplies			
Examination Tables			
Sterilizers			
Sphygmomanometers			
Stethoscopes			
Thermometers			
Oxygen Tanks			
Motor-driven nebulizers			
Suction machines			
Sheets			
Gowns			
Bag-&-valve masks			
Oxygen masks			
Oxygen tubing			
Spacing devices for aerosolized medication			
Catheters			
Oral hydration packets			

Appendix C

Intra-osseous needles			
Surgical masks			
N-95 Respirators			
Tissue culture supplies (w/instructions)			
Miscellaneous Supplies			
Antiseptics			
Dressings			
Bandages			
Steristrips			
Gloves			
Alcohol-based sanitizers			
Alcohol sponges			
Gauze sponges			
Food (for Shelter in place)			
Water			
Bedding			
Emergency Drugs			
Epinephrine			
Diazepam			
Albuterol			
Compazine			
Office Supplies			
Privacy Screens			
Directional Signs			
Patient Identification tags			
Telephone			
Fax			
Cell phone			
Computer with high speed internet			
Weather radio			
AM/FM radio			
Amateur Radio			

STORAGE OF SUPPLY CACHE

Consider Mutual Aid Agreements with nearby businesses, community centers, other healthcare providers, nonprofits, etc.. for storage of supply cache without expiration dates.

Appendix C

Develop Pandemic Influenza contracts with suppliers to activate expedited delivery of supply caches from warehouses, as needed.

Order the maximum reasonable amount of a supply that is used on a regular basis and needs to be used within a predetermined timeframe and rotate stock with fresh stock regularly.

Appendix C

PERSONAL PREPAREDNESS

- ☐ Provide resources to employees regarding personal preparedness. Personal preparedness materials can be found at:
 - Public Health – Seattle & King County
 - <http://www.metrokc.gov/health/pandemicflu/prepare/index.htm>
- ☐ Encourage employees to stay home when ill

PERSONNEL ISSUES

Alternative Contact Information and Systems

- ☐ Consider establishing a recorded message for staff to call in to hear current operational status before reporting to work.
- ☐ For larger organizations, consider the development of a call tree system to alert staff of changes to operational status.

Adaptation of personnel policies to facilitate continuity of service while increasing social distancing.

- ☐ Telecommuting – explore/increase allowance for this option
- ☐ Child care – explore options for onsite day care if schools are closed
- ☐ Review paid time off policies

Determination of Essential Functions

- ☐ What functions are essential to the continual provision of in-person service delivery?
- ☐ What functions are essential to the continual office operation but do not require presence in the office?
- ☐ What functions could be relieved during a pandemic?

Redirection of Staff/Job responsibilities

Inventory Control Sheet

ITEM	DATE ACQUIRED	NUMBER ON HAND	EXPIRATION/ MAINTENANCE/ TEST DATE	STAFF INITIAL	DATE OF STATUS	NOTES
MEDICAL EQUIPMENT						
Examination Tables						
Sterilizers						
Sphygmomanometers						
Stethoscopes						
Thermometers						
Oxygen Tanks						
Motor-Driven Nebulizers						
Suction Machines						
MEDICAL SUPPLIES						
Sheets						
Gowns						
Airway Supplies						
Oxygen masks						
Oxygen tubing						
Spacing devices						
Catheters						
Miscellaneous Supplies						
Antiseptics						
Dressings						
Bandages						
Steristrips						
Gloves						
Alcohol-based sanitizers						
Alcohol sponges						
Gauze sponges						
N-95 respirators						

Appendix C

Surgical masks						
Pharmaceuticals						
Compazine						
Epinephrine						
Diazepam						
Albuterol						
OFFICE SUPPLIES						
Privacy screens						
Directional signage						
Patient identification tags						
COMMUNICATIONS						
Telephone						
Fax						
Computer/Internet/Email						
Cell phone						
Ham Radio						
OTHER						

AMBULATORY CARE PROVIDERS PANDEMIC INFLUENZA PLANNING AND OPERATIONAL RESPONSE

Pandemic Flu Planning Checklist for Individuals and Families

This checklist will help you to take steps to lessen the impact of a severe influenza pandemic on you and your family. **Many of these steps are good advice to help you and your family during any disaster, like an earthquake or flood.**

AT HOME

- ☐ **Store water, food, and other essentials.** Prepare to get by for at least a week on what you have at home. You may be unable to get to a store, or stores may not be open or may have limited supplies for weeks. Public services may also be disrupted, so prepare for outages in electricity, water, and garbage services. Keep extra supplies on hand (they can also be useful in other types of emergencies, such as power outages and natural disasters).

Examples of nonperishable food	Examples of Other Emergency Supplies
<ul style="list-style-type: none"> • Canned meats, such as tuna, chicken, turkey, Vienna sausage • Canned beans, fruits, vegetables, soups • Protein or fruit bars • Dry cereal or granola • Dried fruit • Peanut butter and jelly • Nuts and trail mix • Crackers • Comfort food, including cookies, candy, instant coffee, tea bags • Canned juices • Bottled water • Baby formula and canned or jarred baby food 	<ul style="list-style-type: none"> • Pet food, cat litter • Disposable diapers • Feminine supplies • Flashlight • Portable radio • Batteries for flashlights, radios, games, thermometers • Manual can opener • Plastic garbage bags • Tissues and toilet paper • Entertainment - games, crafts, books, movies, etc. • Supplies for persons with special needs – the elderly or disabled • Some extra cash

- ☐ **Store medical and health supplies.** Get an extra supply of your regular prescription drugs. Ask your healthcare provider for a prescription. If your insurance will not agree to cover the extra supply, you may need to pay out-of-pocket. Keep health supplies and nonprescription drugs on hand.

Examples of medical and health supplies
<ul style="list-style-type: none"> • Prescribed medicines and supplies, such as glucose meters and blood-pressure monitoring equipment • Soap and water • Alcohol-based hand cleaner, such as Purell® or store-brand • Medicines for fever and pain, such as acetaminophen and ibuprofen • Diarrhea remedy, such as Pepto-Bismol® or Kaopectate® (<u>not</u> generally recommended for children) • Throat lozenges • Cough syrup containing Dextromethorphan • Thermometer(s) • Vitamins • Fluids with electrolytes, like Gatorade® and Pedialyte® (preferred for small children)

Appendix C

☐ **Make household emergency plans.**

- Prepare for possible changes in healthcare. For example, medical advice and healthcare may be more difficult to obtain during a severe pandemic and healthcare providers and medical facilities may be overwhelmed. There may not be enough medical supplies, healthcare providers, and hospital beds for all persons who are ill.
- Difficult decisions about who receives medical care and how much treatment can be administered will be necessary. Talk about these possibilities with your family and loved ones.
- In a severe pandemic, you may be advised to stay away from others and from public places as much as possible. Plan to limit the number of trips you take to shop or run errands. Also, remember public transportation routes and times may be limited.
- Think about how you would care for people in your family who have disabilities if support services are not available.
- Decide who will take care of children if schools are closed.
- For general preparedness, agree on a point of contact where all family members can check-in if you are separated during any emergency.

AT WORK

- ☐ **Prepare to stay at home.** Staying at home from work when you are sick is the most important thing you can do to protect others.
- ☐ **Know policies.** Ask your employer or union about sick leave and policies about absences, time off, and telecommuting.
- ☐ **Encourage planning.** Every business, organization and agency should have a plan for making sure essential work can get done if large numbers of employees are absent over many months. You may be asked to perform duties that are not typically part of your job.
- ☐ **Explore other ways to get your work done.** Find ways to reduce personal contact, such as increased use of e-mails or phone conferences. Plan to work from home whenever possible.

IN YOUR COMMUNITY

- ☐ **Know your neighbors.** Talk with family, friends, and neighbors to make sure everyone is prepared. Be ready to help neighbors who are elderly or have special needs if services they depend on are not available.
- ☐ **Know school policies.** Know policies about illness and being absent. Be prepared for school closures.
- ☐ **Volunteer with community groups.** Assist with planning for emergency response to disasters and pandemic influenza.

PREVENT THE SPREAD OF THE VIRUS

- **Stay home from work and school when you are sick.**
- **Stay away from others as much as possible when they are sick.**
- **Wash hands frequently.** Use soap and water or an alcohol-based hand cleaner, such as Purell® or store-brand.
- **Cover your mouth and nose when coughing and sneezing.** Try using the crook of your elbow or your shoulder for cover, instead of hands.
- **Throw away used tissues right away.** If you use tissues to cover your cough or blow your nose, dispose of them in the nearest waste bin immediately after use, then wash hands.
- **Set an example for your children.** Show them how to limit the spread of viruses and germs.

Other resources:

Public Health–Seattle & King County: <http://www.metrokc.gov/health/pandemicflu>

The official U.S. government website for information on pandemic and avian flu: <http://www.pandemicflu.gov/plan/tab3.html>

The American Red Cross: <http://www.redcross.org/services/>

Resources for patients with special healthcare needs:

The American Academy of Pediatrics, Committee on Pediatric Emergency Medicine offers a template to create a brief, comprehensive summary of information important for hospital or prehospital emergency management of a child with special health care needs: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;104/4/e53.pdf>

National Organization on Disability. Emergency Preparedness Initiative. *Prepare yourself – disaster readiness tips for people with disabilities*: <http://www.nod.org/index.cfm?fuseaction=Page.viewPage&pageId=11>

National Organization on Disability, Disability & Emergency Resources: <http://www.nod.org/EPIResources/washington.html>